

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CITY CLERK

Date Stamp

2013 JUN 14 PM 2:08

COVER PAGE

CALIFORNIA  
FORM 460

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 3/17/13  
through 6/30/13

Date of election if applicable:  
(Month, Day, Year)  
4/2/13

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement  
☒ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Mila Mohil For City Council 2013

STREET ADDRESS (NO P.O. BOX)

412 ASHBURTON PL.

CITY STATE ZIP CODE AREA CODE/PHONE

Glendale, CA 91206 818-244-3319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

mmohil@gmail.com

Treasurer(s)

NAME OF TREASURER

Lorraine Mohil

MAILING ADDRESS

412 ASHBURTON PL.

CITY STATE ZIP CODE AREA CODE/PHONE

Glendale, CA 91206 818-244-3319

NAME OF ASSISTANT TREASURER, IF ANY

Mila Mohil

MAILING ADDRESS

412 ASHBURTON PL.

CITY STATE ZIP CODE AREA CODE/PHONE

Glendale, CA 91206 818-244-3319

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

6/11/13

Date

Executed on

6/14/13

Date

Executed on

Date

Executed on

Date

By

Lorraine Mohil

Signature of Treasurer or Assistant Treasurer

By

Mila Mohil

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary



**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 3/17/13  
through 6/30/13

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Mohr

I.D. NUMBER

1353352

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/22/13	R.B. Spears 2801 RANNINGTON DR GLENDALE, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
3/25/13	JACLYN FRANKLIN & J 20225 WYNFRANCO DR NORTH RICHMOND, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Moss + Company U.P.	100.00		
3/27/13	MINAS MINASYAN 835 FISCHER ST GLENDALE, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
3/28/13	JULIO MARCHETTI 2750 AUSTIN LANE GLENDALE, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.

(Include all Schedule A subtotals.)

\$ 400.00

2. Amount received this period - unitemized monetary contributions of less than \$100

\$ 468.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL \$ 868.00

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement cover: period

from 3/17/13

through 6/30/13

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FORM 460

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I.D. NUMBER

1353352

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mika Mottill

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Warren Printing - 500 Eagle Rock Blvd Brimborst MANT LA, CA 90041	LIT	Copies of Campaign Flyers	218.00
Lorraine Mottill 412 ASHTON RD, Glendale, CA 91206	LIT	Warren Printing (Sub Vendors) printing & mailing	3709.78
Billy's Deli Glendale, CA	FND	Dinner in Home CATERED	148.58

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4076.36

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 4195.23
- Unitemized payments made this period of under \$100 ..... \$ 380.01
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 4575.24



**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Miller Mottel*

Statement covers period		CALIFORNIA FORM <b>460</b>
from <i>3/17/13</i>	through <i>6/30/13</i>	
Page <i>3</i> of <i>8</i>		I.D. NUMBER <i>1353352</i>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>City of Glendale 613 E. BWAY Glendale, CA 91206</i>	<i>FIL</i>	<i>Balance Candidate STATEMENTS</i>	<i>118.87</i>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ *118.87*

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>3/17/13</u> through <u>6/30/13</u>	CALIFORNIA FORM <b>460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Mila Motril*

I.D. NUMBER

*1353352*

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<i>LORANA MOTRIL</i> <i>412 ASHBURN RD</i> <i>BERKELEY, CA</i> <i>94706</i>		<i>0</i>	<i>30000</i>	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	<i>30000</i> <i>12/2/12</i> DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	<i>30000</i> DATE DUE	% RATE \$	<i>30000</i> <i>12/2/12</i> DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<i>LORANA MOTRIL</i> <i>412 ASHBURN RD</i> <i>BERKELEY, CA</i> <i>94706</i>		<i>30000</i>	<i>410000</i>	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	<i>410000</i> DATE DUE	% RATE \$	<i>410000</i> <i>2/22/13</i> DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	<i>N/A</i> DATE DUE	% RATE \$	<i>410000</i> <i>2/22/13</i> DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$								

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

### †Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.



# Schedule B - Part 1

## Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 3/17/13  
through 6/30/13

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milla Mottill

I.D. NUMBER

1353352

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Lorraine Mottill</u> <u>4121 Kinsbury Pl</u> <u>2 Lanark, Ca</u> <u>91206</u> <u>Honolulu</u>	<u>1123.00</u>	<u>1123.00</u>	<input type="checkbox"/> PAID <u>0</u> <input type="checkbox"/> FORGIVEN <u>0</u>	<u>1123.00</u> <u>N/A</u> DATE DUE	<u>0</u> % RATE	<u>1123.00</u> <u>5/29/13</u> DATE INCURRED	<u>0</u> PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Lorraine Mottill</u> <u>4121 Kinsbury Pl</u> <u>Glendale, Ca</u> <u>91206</u>	<u>3000.00</u>	<u>3000.00</u>	<input type="checkbox"/> PAID <u>0</u> <input type="checkbox"/> FORGIVEN <u>0</u>	<u>3000.00</u> <u>N/A</u> DATE DUE	<u>0</u> % RATE	<u>3000.00</u> <u>6/14/13</u> DATE INCURRED	<u>2013</u> PER ELECTION** <u>11,123.00</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		% RATE		CALENDAR YEAR PER ELECTION**
SUBTOTALS \$		\$	\$	\$	\$	\$	\$	\$

### Schedule B Summary

- Loans received this period ..... \$ 4,123.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 4,123.00  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on  
Schedule E, Line 3)

#### Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Mika Mott LLC*

Statement covers period from <u>3/17/13</u> through <u>6/30/13</u>	CALIFORNIA FORM <b>460</b> Page <u>8</u> of <u>8</u>
	I.D. NUMBER <u>1353352</u>

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$	<u>868.00</u>	<u>5873.00</u>
2. Loans Received ..... Schedule B, Line 3		<u>4123.00</u>	<u>11,123.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$	<u>4991.00</u>	<u>16996.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3		<u>0</u>	<u>400.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$	<u>4991.00</u>	<u>17,396.00</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$	<u>4575.24</u>	<u>13996.07</u>
7. Loans Made ..... Schedule H, Line 3		<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$	<u>4575.24</u>	<u>13996.07</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3		<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3		<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$	<u>4575.24</u>	<u>13996.07</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>1/1/13</u>	\$ _____
<u>1/1/13</u>	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$	<u>2584.24</u>
13. Cash Receipts ..... Column A, Line 3 above		<u>4991.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4		<u>0</u>
15. Cash Payments ..... Column A, Line 8 above		<u>4575.24</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$	<u>3000.00</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$	_____
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$	_____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$	_____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.